

# COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN  
COMMISSIONER



OFFICE OF THE MONTANA  
STATE AUDITOR

TO: All Registered Risk Retention Groups

FROM: Examinations Bureau, Montana Insurance Department

SUBJECT: Payment of Premium Taxes by Risk Retention Groups

DATE: December 1, 2009

Attached is the premium tax form for your risk retention group on the sale of insurance to members located in Montana. Please complete the form and return it, along with the remittance for premium taxes due **and a copy of the annual statement Montana state page**, to the Montana Insurance Department no later than March 1, 2010 (postmark accepted). If the due date falls on a weekend or holiday, the deadline will be extended to the next business day. If no premiums were written in Montana in 2009, please sign and return the tax form stamped "NONE."

Other materials required to be submitted according to Section 33-11-104, MCA, include:

1. Montana no longer requires the filing of printed annual statements and NAIC supplements if a hard copy is filed with the state of domicile and the NAIC, and if filed electronically with the NAIC. The Signed Jurat Page must be filed by postmark date of March 1 in lieu of annual statement filing. Facsimile signatures or reproductions of original signatures may be used. In the event that any financial data is refiled or amended, a newly completed Affidavit is required.
2. A copy of each examination of the risk retention group as certified by the insurance regulatory official of the state in which the examination was conducted or public official conducting the examination.
3. 2005 legislation requires the Montana Medical Malpractice Professional Liability Experience Report from all insurers writing medical malpractice professional liability insurance in Montana [Section 33-23-310, MCA]. Due March 1.

Should have any questions concerning the completion of the enclosed form, please do not hesitate to contact our department at (406) 444-2040.

**MONTANA DEPARTMENT OF INSURANCE  
2009 ANNUAL PREMIUM TAX STATEMENT  
RISK RETENTION GROUPS**

Risk Retention Group Name			NAIC Number
Mailing Address	City	State	Zip Code
MT ID #			State of Domicile
Tax Contact Person		Phone #	Toll Free Phone #

**RISK RETENTION GROUP PREMIUM TAX COLLECTION**

1. **TOTAL DIRECT PREMIUM INCOME** Include finance and service charges \$ \_\_\_\_\_
2. **DIVIDENDS** refunded or credited to policyholders \$ \_\_\_\_\_
3. **NET PREMIUMS** (line 1 less line 2) \$ \_\_\_\_\_
4. **TOTAL PREMIUM TAXES - Montana Basis**  
(2.75% of line 3) \$ \_\_\_\_\_
5. **TOTAL PREMIUM TAXES - STATE OF DOMICILE BASIS\*** \$ \_\_\_\_\_
6. **QUARTERLY PREMIUM TAX PRE-PAYMENTS** (Paid in 2009) \$ \_\_\_\_\_
7. **OVERPAYMENT CREDIT FROM 2008 FILING** \$ \_\_\_\_\_
8. **AMOUNT DUE** (Greater of line 4 or 5, minus line 6 and 7) \$ \_\_\_\_\_
9. Make Checks Payable To: **MONTANA COMMISSIONER OF INSURANCE**

\* Under Section 33-2-709, MCA, taxes and fees are subject to retaliation in the aggregate. Provide a calculation, on a separate attached sheet, of the taxes and fees payable to your state of domicile on your Montana business based on the rates your state of domicile applies to foreign insurers.

The above statement is a true and correct report of premiums collected and of authorized deductions pertaining to business transacted in Montana in the past calendar year and is in accordance with requirements of the applicable statutes.

Name of Officer (Type or Print)	Title
Signature of Officer	Date

**PLEASE REVIEW AND SUBMIT ANY NEW INFORMATION:**

Risk Retention Group Name:

---

Address:

---

NAIC Number: \_\_\_\_\_

State of Domicile: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Marketing: Direct \_\_\_\_\_

Indirect \_\_\_\_\_

Montana Registration #: \_\_\_\_\_

Montana Registration Date: \_\_\_\_\_



**Montana Insurance Department**  
**840 Helena Avenue**  
**Helena, MT 59601**  
**(406) 444-2040**

## MONTANA MEDICAL MALPRACTICE PROFESSIONAL LIABILITY EXPERIENCE REPORT

**Pursuant to 33-23-310, MCA**

Supplement to 2009 Annual Statement for \_\_\_\_\_ (Company) \_\_\_\_\_ (NAIC#)

To be filed March 1 (Surplus Lines - April 1).

[illegible]